ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE | |
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| FEE DETERMINATION | MRD | 75331) | 1 | |
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| RESPONSE FORMALITY REVIEW | | | | |

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|---|----------------------------|---|--------------|
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| | (Through numeral) Canceled | Α | Appeal |
| | Restricted | | Objected |

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If more than 150 claims or 10 actions staple additional sheet here

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Best Available Copy